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## ROUTING AND TRANSMITTAL SLIP

7 Nov 66

To: (Name, office symbol, room number, Building, Agency/Post)	Initials	Date
1. <input type="text"/> EO/CL		
2.		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

Bill:

Would you please submit the names of  
a primary and alternate to serve on the  
Patents Board representing the DA.

DO NOT use this form as a RECORD of approvals, concurrences, dispositions, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
EXA/DDA	Phone No.

5041-102

\* U.S.G.P.O.: 1963 - 421-529/320

OPTIONAL FORM 41 (Rev. 7-76)  
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